



CHILDREN'S ADMINISTRATION  
DIVISION OF LICENSED RESOURCES (DLR)  
**COMPLIANCE AGREEMENT**

<b>Date of inspection:</b>		Page ____ of ____			
		TELEPHONE NUMBER (INCLUDE AREA CODE)			
		LICENSOR'S MAILING ADDRESS			
NAME OF FACILITY OR LICENSEE		ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME)			
ADDRESS		CITY	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)	
<b>WASHINGTON ADMINISTRATIVE CODE (WAC)</b>	<b>NONCOMPLIANCE DESCRIPTION/SUMMARY</b>	<b>PLAN OF CORRECTION</b>		<b>COMPLETE BY</b>	<b>DATE COMPLETED</b>
I agree to correct the issues of noncompliance cited above as outlined in the plan of correction by the dates indicated. I further agree to send written notification to the Department of Social and Health Services (DSHS) licensor, by no later than _____ declaring the extent to which each deficiency has been corrected.					
<b>Facility Administrator's OR Other Authorized Person's Signature:</b>				<b>Date:</b>	
<b>Licensor's Signature:</b>				<b>Date:</b>	